

PLAINTIFF CASSIUS M. CLAY SR.,	COURT CASE NUMBER CA05-125 Erie
DEFENDANT SHARON M. BURKS	TYPE OF PROCESS

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
SHARON M. BURKS; CHIEF GRIEVANCE COORDINATOR  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
2520 LISBURN ROAD, P.O. BOX 598; CAMP HILL, PA 17001-0598

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285	1
Number of parties to be served in this case	10
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: Cassius M. Clay Sr., Pro-Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (814) 621-2110	DATE 4/6/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: AICW mailed 4/24/05

12/07/05 RETURNED TO COURT UNEXECUTED - NO RESPONSE TO WAIVER BY MAIL

PRIOR EDITIONS  
MAY BE USED

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

*Cassius M. Clay Sr.* )  
vs. *Civil Action: 05-0125 Erie*  
*Sharon M. Burkes* )

***NOTICE OF INABILITY OF EFFECTUATE SERVICE***

*The Under signed Hereby certified that on 09/21/05, the Order and Complaint in the above captioned case, and the Notice of Lawsuit and Request for Waiver of Service of Summons and Waiver of Service of Summons were mailed to the above named defendant. No acknowledgment of service has been received, and more than 30 days has elapsed.*

*Thomas M. Fitzgerald*  
*United States Marshal*  
*Western District of Pennsylvania*

By: *Sheila Blessing*  
*Administrative Clerk*  
*United States Marshals Service*  
*Western District of Pennsylvania*  
*December 7, 2005*

## ORDER

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the foregoing Notice of Inability to Effectuate Service,

*IT IS ORDERED* that the Clerk of Court prepare duplicate Summons and Complaint,

**AND IT IS FURTHER ORDERED** that the United States Marshal make personal service of those documents upon the above named defendant.